

CENTRAL INTELLIGENCE AGENCY

INFORMATION REPORT

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Physicians in the Armed Forces

1. In order to be accepted as a doctor in the Armed Forces, an applicant had to be a graduate of a medical school, and had to be physically fit. A physician accepted by the Armed Forces received the rank of first lieutenant (locotenent maior), the lowest rank given to physicians.
2. A physician in the Armed Forces wore a dark red band around his officer's cap. His shoulder boards were of velvet of the same color and had a gold-thread band along the center. A first lieutenant had three small gold stars on his shoulder boards; a captain had four stars. The gold band on the shoulder board became broader for higher grade officers; in addition, a major had one large star, a lieutenant colonel had two stars, and a colonel three stars. Brigadier General Longhin was a specialist in skin and venereal diseases. He worked at the Central Hospital in Bucharest.
3. The time spent in grade by a physician was not based on his years of service but on a system of approval of his work received from superior officers. A first lieutenant received 800 lei per month; a captain, 900; a major, 1,000; a lieutenant colonel, 1,100; and a colonel, 1,350 lei per month. There were three salary levels within each rank.
4. there were about 8,000 to 10,000 physicians in Rumania, and about 1,000 to 1,500 military doctors. There were about 1,000 civilian reserve physicians, all of whom were subject to call in the event of war. There

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were no purely military medical units in the Armed Forces. However, in time of war, each regiment would have one medical company of about 90 men.

- 25X1 5. In 1950, a course was begun at Bucharest to train noncommissioned officers with military medical background for service as auxiliary personnel to assist physicians in the performance of medical duties. This was a two-year course and upon completion of the work a graduate became a warrant officer or a second lieutenant. He was then considered a "feldsher". [redacted] The "feldsher" was to be assigned to any and all branches of the Armed Forces.
- 25X1 6. Nurses at military hospitals were civilians. There was no Army school for the training of nurses. Assistants and non-professional personnel in military hospitals were predominantly civilians. Armed Forces personnel who acted as medical helpers at hospitals did not belong to a medical unit.
- 25X1 7. In order that there might be personnel reserves to call upon in the event of war, recruits were selected and given three-months' training to prepare them for sanitary service. The physician of a unit acted as the teacher for this course and since he had to utilize such personnel, the quality of his students depended to some degree on the quality of his teaching and his own desire to have capable assistants. [redacted]
- 25X1 8. Each division in the Rumanian Army had four doctors, including the chief doctor of the division. There was a shortage of physicians in the Armed Forces, however. There were practically no dentists, and military hospitals had dental technicians only. Military personnel were forced to consult civilian dentists. [redacted] There were no medical technicians; those in the medical hospital laboratories were not competent.

25X1 Physical Standards for Armed Service

9. The Armed Forces Ministry (Ministerul Fortelor Armate - MFA) promulgated a decree, DM 1024, article 50, which listed standards of physical fitness for military personnel. This article concerned personnel in the Armed Forces and affected all enlisted personnel in all branches of the Armed Forces.
10. The military physician, after examining a sick soldier, could place him in one of three categories:
- a. Fit for combat (opt. combatant)
 - b. Unfit for combat (opt. necombatant); such a soldier was not required to take training in arms.
 - c. Unfit for military service (inopt. pentru serviciul militar); the following disqualified a soldier for military service under article 50:
 - tuberculosis (all forms)
 - one leg two centimeters shorter than the other
 - gastro-intestinal ulcers
 - loss of lung tissue
 - psychiatric conditions
 - paralysis of major nerves
 - loss of all teeth
 - bilateral castration
 - deafness of labyrinth origin
 - unilateral blindness
 - secondary syphilis
 - loss of one kidney
11. When a civilian was being considered for military service, he was examined by a commission of doctors (one military and three or four civilians) at the District

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Recruiting Center. These doctors accepted or rejected civilians for armed service on the basis of the disqualifying physical conditions previously mentioned. The prospective inductees returned to their homes; about one month later, those qualified for induction were ordered to report to a military unit. The military physician of this unit was also qualified to accept or reject a candidate for military service. The unit doctor based his decision on the results of a Wassermann test, an x-ray examination, and an ENT examination. In March 1952, the unit doctor was empowered to classify reporting inductees as fit or unfit for combat; all were classified as acceptable for military service.

12. There was a special commission of the Military Air Force Command (Comandamentul Fortelor Aeriene Militare - CFAM) in Bucharest, which examined Air Force personnel to determine their fitness for flying duties and for specialized assignments, i.e. as navigators, pilots, observers, bombardiers. The commission consisted of the chief doctor of the CFAM Medical Service, Colonel F. Popescu, and several others. Of these latter physicians, only Colonel Dr. Razvan, an internist, was a good physician, in my opinion.

Medical Supplies for the Armed Forces

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Supply Shortages

14. Drugs in short supply in 1952 included hydrogen peroxide, tincture of iodine, sulfas, aspirin, pyramidon, quinine, potassium permanganate, sodium bicarbonate, activated carbon, penicillin, novocain, caffeine, ethyl chloride, and barbituric acid. No para-aminosalicylic acid (PAS) was available. Morphine could be obtained without difficulty. No penicillin, sulfas, or other drugs were imported from Hungary.
15. Other scarce items were bandages (paper bandages were used), adhesive tape, and x-ray equipment. There were no stethoscopes, manometers (for blood pressure count), thermometers, syringes (except Soviet-made). Scalpels, forceps and scissors were also scarce. [] the Soviets took a large amount of medical equipment out of Rumania at the end of the war.

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